

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Andrea McCarthy		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Deputy Press Secretary		CB/D NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS 1000 24th Street APT 6		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
CITY Sacramento	STATE CA	ZIP 95816	CITY	STATE	ZIP

DATE		TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER					MILES	AMOUNT		
															0.00
															0.00
2-Dec	6am		SAC-SF-SJ-SAC		5.42							243	108.14		113.56
2-Dec	8pm		SAC-SD						177.60	air		12	5.34		182.94
3-Dec	all day		SD-LA			8.10		6.00					0.00		14.10
4-Dec	6am-6pm		LA-SAC			10.00		6.00	260.81	air/rc		12	5.34	29.65	311.80
7-Dec	8am-10pm		SAC-LA-SAC				8.78		373.71	air/rc	9.00	24	10.68	21.56	423.73
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
SUBTOTALS				0.00	5.42	18.10	8.78	12.00	812.12	0.00	9.00	291	129.50	51.21	
COLUMN CODE (ACCTG USE ONLY)															
CLAIM TOTAL														1040.13	\$1,046.13

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

12-2: CAS report on Treasure Island and moderated Q&A in San Jose
12-3: Gov. delivers remarks at ACWA in San Diego
12-4: Gov. attends opening of new veterans home in Ventura
12-7: Gov. attends Virgin Galactic's unveiling of the SpaceShipTwo

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining

to belt usage

CLAIMANT	DATE 11/15/09	SIGNATURE OF CLAIMANT
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SIGNATURE OF AUTHORITY

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER 240821
DATE 1/4/10